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## AMENDMENT TRANSMITTAL LETTER

Docket No.  
15115/147001

Application No. 10/519,762-Conf. #5376	Filing Date December 29, 2004	Examiner P. T. H. Palmer	Art Unit 2874
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Applicant(s): Kiyoshi Imai et al.

Invention: VARIABLE OPTICAL ATTENUATOR

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

## CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 20 =		x	
Independent Claims	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					200.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 50-0591 in the amount of \$ . A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 50-0591 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Jonathan P. Osha  
Attorney/Agent Reg. No.: 33,986

Dated: June 23, 2006

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PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 200.00)

**Complete if Known**

Application Number	10/519,762-Conf. #5376
Filing Date	December 29, 2004
First Named Inventor	Kiyoshi Imai
Examiner Name	P. T. H. Palmer
Art Unit	2874
Attorney Docket No.	15115/147001

### METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0591				Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<b>Small Entity</b>	
<b>Fee (\$)</b>	<b>Fee (\$)</b>

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
9	- 20 =	x	=

<b>Multiple Dependent Claims</b>	
<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
4	- 3 =	1	x 200.00 = 200.00

HP = highest numer of total claims paid for, if greater than 20.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		- 100 = /50 (round up to a whole number) x =		

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	33,986	Telephone (713) 228-8600
Name (Print/Type)	Jonathan P. Osha		Date	June 23, 2006



Application No. (if known): 10/519,762

Attorney Docket No.: 15115/147001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV804240961US in an envelope addressed to:

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PATENT TRADEMARK OFFICE

on June 23, 2006  
Date

  
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Kim Hennessey

Typed or printed name of person signing Certificate

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)  
Fee Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$200.00 to credit card  
Amendment (9 pages)  
Replacement Drawings (Fig. 1) (1 page)  
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